

ORDER FOR SUPPLIES OR SERVICES

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1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. DAKF11-99-D-0006-		2. DELIVERY ORDER/ CALL NO. 0005		3. DATE OF ORDER/CALL 2001Apr01		4. REQ./PURCH. REQUEST NO. DCC31E-CONS-VC01		5. PRIORITY		
6. ISSUED BY ARMY ATLANTA CONTRACTING CENTER 1301 ANDERSON WAY SW AFLG-PR FORT MCPHERSON GA 30330-1096				7. ADMINISTERED BY SEE ITEM 6		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)				
9. CONTRACTOR BROWN AND ROOT SERVICES A DIVISION OF CHARLES J. (CHUCK) FIALA 9900 WESTPARK SUITE 204 HOUSTON TX 77063				10. DELIVER TO FOB POINT BY (Date) SEE SCHEDULE		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
12. DISCOUNT TERMS Net 30 Days				13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Schedule						
14. SHIP TO THIRD US ARMY ARCENT JUDITH WEBB 1881 HARDEE AVE SW BLDG 363 COMSEC CUSTODIAN/5E3379 FORT MCPHERSON GA 30330-1064				15. PAYMENT WILL BE MADE BY DFAS DEFENSE FINANCE AND ACCOUNTING ROME 124 CHAPPIE JAMES BLVD ROME NY 13441-4511				MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.		
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.						
		PURCHASE <input type="checkbox"/>		Reference your quote dated _____						
				Furnish the following on terms specified herein:						
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
NAME OF CONTRACTOR			SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYYYMMDD)	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:										
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule										
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
		SEE SCHEDULE								
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle				24. UNITED STATES OF AMERICA <i>Mary Anne Osborn</i> BY: MARY ANNE OSBORN CONTRACTING / ORDERING OFFICER				25. TOTAL \$300,000.00		29. DIFFERENCES
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____						27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. DO VOUCHER NO.		30. INITIALS
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR
										34. CHECK NUMBER
										35. BILL OF LADING NO.
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

This is a cost plus fixed fee task order for Installation Transition Plan for Camp DOHA.

Contractor shall invoice per instructions in the schedule.

1. PERFORMANCE PERIODS:

PERIOD	DATES
Phase In	1 April 2001 – 10 April 2001
Base period	11 April 2001 – 10 October 2001

2. OBLIGATED FUND RECAP:

ACRN AA CLINs 0003, 0004 and 0005 are funded for total amount of \$300,000.00
Requisition No. DCC31E-CONS-VC01

3. INVOICING INSTRUCTIONS:

a. The contractor shall submit **original** plus one copy of invoice [SF 1034] Public Voucher for Purchases and Services, through their **cognizant DCAA to the Contracting Officer at address in Block 6.**

b. Submit one **“copy”** of the SF 1034 to the primary task order monitor as identified in the Performance Work Statement. Invoices shall not be submitted more often than once every two weeks.

Cost plus fixed fee award vouchers shall be submitted pursuant to FAR 52.216-7, and shall, as a minimum, include the following documentation:

a. The total price for the current billing period and the cumulative billed for the current fiscal year. These costs shall be shown by CLIN or sub-CLIN level.

b. Include supporting documentation, by CLIN, for amounts invoiced. Supporting documentation must be broke-out in detail to substantiate the total amount requested for reimbursement.

c. Travel costs shall be broken out by occurrence, with itinerary, dates of travel, number and category of employee travel, per diem costs, transportation costs. Include the government approval with supporting documentation. Travel shall be in accordance with FAR part 31.205-46 and per diem rates will be in accordance with the Joint Travel Regulation.

d. The contractor shall submit proposed final indirect cost rates and completion [FINAL] voucher in accordance with FAR 52.216-7 and the instructions contained in award at G.3, paragraph B.

e. **The task order monitor** will send the Contracting Officer the Invoice Review and Approval (Attachment 10 of the Ordering Guide) at address in Block 6 via fastest method within five days of receipt. The Contracting Officer